



RURAL MUNICIPALITY OF GIMLI BY-LAW COMPLAINT FORM

Instructions: Print off form and deliver to RM Office in person, by fax or mail.
Box 1246, 62- 2nd Ave, Gimli MB R0C 1B0
Ph: (204) 642-6650
Fax: (204) 642-6660

This form represents a request to resolve a Bylaw Enforcement issue. In order for the Municipal Enforcement Officer to proceed with an investigation and follow- up in your complaint, it is mandatory that you **give your full name, current address and phone number along with your signature below.** (Anonymous complaints will not be accepted.)

DATE: _____ TIME: _____

COMPLAINT INFORMATION

Name of Complainant: _____

Mailing Address: _____

Civic Address: _____

Telephone # (Day) _____ (Evening) _____

VIOLATION INFORMATION

Location of Offence (Civic Address): _____

Property Owner/ Tenant Name (if known): _____

NATURE OF COMPLAINT (How it affects you, how long it has existed. Licence plate #, etc.): _____

(Please use reverse side if needed)

NOTE: Anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. However, should this complaint proceed to Court, you *may* be required to give evidence as a witness and your name and your filed complaint will become a matter of public record.

PERSONAL INFORMATION: This information is being collected for the purpose of conducting a Bylaw Enforcement appropriate action relative to this report. The collection of the personal information on this application is authorized and protected under the *Freedom of Information and Protection of Privacy Act, Session 36 (1)*. By providing this information, you have consented to its use for the above purposes. If you have any questions about the collection and use of this information, you may contact the Municipal Office at (204) 642-6650.

Signature of Complainant

FOR OFFICE USE ONLY (To be filled out by Municipal Staff)

☐ PHONED IN – CALL TAKEN BY: _____

Legal Address: Lot: _____ Block: _____ Plan: _____ Roll Number: _____

Owner(s): _____

Address: _____

Telephone #: _____

MUNICIPAL ENFORCEMENT OFFICER

Bylaw Violation: Yes ☐ No ☐

COMPLAINT FILE #:

File Concluded: DATE: _____ OFFICER Signature: _____